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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1.  | (a) Name of Candidate (in full)   |                            |     |  |                                       |   |  |
|---|---|----------------------------|-----|--|---------------------------------------|---|--|
|   | Spicer, Lavern, , ,   |                            |     |  |                                       |   |  |
|   | (b) Address (number and street)<br>6301 NW 7th Ave  | ☐ Check if address changed |     |  |                                       | Candidate's FEC Identification Number     H4FL24041 |  |
|   | (c) City, State, and ZIP Code<br>Miami  | ZIP Code<br>FL 33150       |     |  | 3. Is This New Statement X (N) OR (A) |   |  |
| 4.  | Party Affiliation   | 5. Office Soug             | jht |  | 6. State & Dis                        | trict of Candidate                                  |  |
|   | REPUBLICAN PARTY  | House                      |     |  | FL                                    | 24  |  |
|   | DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |                            |     |  |                                       |   |  |
| 7.  | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)              |                            |     |  |                                       |   |  |
|   | NOTE: This designation should be filed with the appropriate office listed in the instructions.  |                            |     |  |                                       |   |  |
|   | (a) Name of Committee (in full)   |                            |     |  |                                       |   |  |
|   | Friends to Elect Lavern Spicer  |                            |     |  |                                       |   |  |
|   | (b) Address (number and street)   |                            |     |  |                                       |   |  |
|   | 1730 S. Federal Hwy   |                            |     |  |                                       |   |  |
|   | Unit 173  |                            |     |  |                                       |   |  |
|   | (c) City, State, and ZIP Code   |                            |     |  |                                       | 00.400  |  |
|   | Delray Beach  |                            |     |  | FL                                    | 33483   |  |
| (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  (b) Address (number and street) |   |                            |     |  |                                       |   |  |
| (c) City, State, and ZIP Code   |   |                            |     |  |                                       |   |  |
| I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  |   |                            |     |  |                                       |   |  |
| Sig   | Signature of Candidate  |                            |     |  |                                       | Date  |  |
| Sp  | Spicer, Lavern, , ,   |                            |     |  |                                       | 10/25/2023  |  |
| NC  | NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. |                            |     |  |                                       |   |  |
|   |   |                            |     |  |                                       |   |  |

FEC FORM 2 (REV. 02/2009)